



HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY APPLICATION

OAHU (808) 685-7139 HAWAII ISLAND (808) 369-0950
dod.hawaii.gov/yca

PLEASE SUBMIT TO ADMISSION OFFICE

SSN#: PROVIDE COPY		LEGAL NAME: FAMILY/LAST		FIRST/GIVEN	FULL MIDDLE	
____ / ____ / ____						
STREET ADDRESS			CITY	STATE	ZIP CODE	
MAILING ADDRESS (If same as above check here) <input type="checkbox"/>			CITY	STATE	ZIP CODE	
GENDER	BIRTHDATE	AGE	EMPLOYED?	US CITIZEN?	ATTACH COPY OF GREEN CARD	
<input type="checkbox"/> FEMALE	MOS / DAY / YEAR			<input type="checkbox"/> YES	<input type="checkbox"/> VISA <input type="checkbox"/> J-94	
<input type="checkbox"/> MALE	/ /			<input type="checkbox"/> NO	<input type="checkbox"/> PERMANENT RESIDENT	
Racial Background: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> American Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Gumanian/Chamorro <input type="checkbox"/> Hawaiian <input type="checkbox"/> Micronesia <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Hispanic						
Mother's (Female Guardian) Information						
Last, First Name		Relationship		Email	Phone	
STREET ADDRESS			CITY & STATE	ZIP CODE		
Racial Background: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> American Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Gumanian/Chamorro <input type="checkbox"/> Hawaiian <input type="checkbox"/> Micronesia <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Hispanic						
Father's (Male Guardian) Information						
Last, First Name		Relationship		Email	Phone	
STREET ADDRESS			CITY & STATE	ZIP CODE		
Racial Background: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> American Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Gumanian/Chamorro <input type="checkbox"/> Hawaiian <input type="checkbox"/> Micronesia <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> White <input type="checkbox"/> Hispanic						
ACADEMIC DECLARATION						
LIST EVERY HIGH SCHOOL (PUBLIC/PRIVATE/CHARTER/HOME) ATTENDED INCLUDING THE ONE CURRENTLY ENROLLED IN, IF ANY						
MOST RECENT SCHOOL /PROGRAM (DO NOT USE ABBREVIATIONS)			CITY/STATE/COUNTRY		ATTENDED/ATTENDING	
					FROM M/Y	TO M/Y
PERSONAL STATEMENT ESSAY (ATTACH PAPER AS NEEDED)						
1. I would like to go to Youth Challenge because...						

2. My future goal is to...						

Referral Information						
First Name		Last Name		Phone	Relationship	
Organization		Referral Date		Email	Occupation	

CONTINUE ON REVERSE SIDE

RESIDENCY DECLARATION (Submit Government-Issued Identification)

I am a legal resident of Hawaii based on:

- | | |
|--|--|
| <input type="checkbox"/> I was born in the United State or one of its Territories. | <input type="checkbox"/> Naturalized U.S. Citizen |
| <input type="checkbox"/> Assigned to Hawaii by a U.S. federal agency (i.e. the Military) | <input type="checkbox"/> Legal Residency Card (I-94) |

LEGAL DECLARATION [Submit Abstract/Letter of Clearance]

- I have never been arrested
- I have been arrested in the past. When? _____ For What? _____
- I am on Probation for Juvenile Status. Probation Officer's Name: _____ Phone: _____
- I have pending cases against me. My court date is set for: _____ Charge: _____

ALCOHOL AND DRUG FREE DECLARATION [Submit Academy-Approved Drug Test]

By my initials, I understand that the Hawaii National Guard Youth Challenge Academy, (YCA) is and Alcohol, Tobacco and Drug free environment, with a Zero Tolerance policy against drug use. I understand that I will be subject to random drug and toxicology screenings at anytime while attending YCA and if I am found to test positive for substance abuse or am caught in possession of any of the aforementioned substances, I may be dismissed from YCA immediately without notice.

Init: _____

MEDICAL DECLARATION [Submit Medical Physical Clearance within 12 months]

By my initials, I understand that the YCA is physically, emotionally, and mentally demanding and that it is my responsibility to inform the YCA staff of any pre-existing medical issues or concerns prior to my being accepted into the YCA program. To ensure that I am physically prepared for the YCA, I am required to complete a standrad Hawaii DOE sports physical and provide a copy of that physical to the YCA admissions staff. Also, upon my reporting to the YCA, I am required to turnover all prescribed medications and accompanying documentation to the YCA medical staff who will monitor my use of this medication in accordance with all physician's written guidelines.

Init: _____

MENTOR PROSPECT

I understand that I am required to find a mentor to assist me in completing the YCA program. This mentor must be at least 23 years old, the same gender as myself, cannot live in my household, cannot be a parent or grandparent and must pass a criminal background check. This mentor must commit to attending an 8-hour training session and be willing to visit with me at least once a week during the 3rd and 4th months of the YCA residential program. Upon my graduation, this mentor will be required to submit weekly reports on my progress towards achieving my life goals as established during the residential portion of the YCA program.

By my initials, I understand that I may be discharged if I do not provide a trained mentor by week 13.

Init: _____

Mentor Prospect 1:

NAME: _____ GENDER: _____ DOB: ____ / ____ / ____ MARITAL STATUS: **M S D W**

RELATIONSHIP TO YOU: _____ CONTACT INFO: _____

Mentor Prospect 2:

NAME: _____ GENDER: _____ DOB: ____ / ____ / ____ MARITAL STATUS: **M S D W**

RELATIONSHIP TO YOU: _____ CONTACT INFO: _____

APPLICANT'S CERTIFICATION

I certify that the responses provided on this Application Form are complete and true to the best of my knowledge and belief. **I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission.** I agree to provide documents relevant to the determination of my residency status and age as required by national Guidelines. Furthermore, I understand that the YCA shares a common database and personal information may be accessed by authorized Academy and National Guard Personnel.

Date: _____

Applicant's Signature: _____

Date: _____

If Applicant is under 18,
Parent/Guardian's Signature: _____